

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Mental Health (MDMH)		CONTACT PERSON Gene Rowzee	TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar St. Suite 1101		CITY Jackson	STATE MS	ZIP 39201
EMAIL gene.rowzee@dmh.state.ms.us	SUBMIT DATE 1-17-2012	Name or number of rule(s): MS Administrative Procedures Act, MS Administrative Code - Mississippi Department of Mental Health (MDMH) Agency Compilation: Title 24; Part 4 - DMH Addictions Therapist Standards & Requirements		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Repeal Existing Rule and Propose New Rule in order to: Title 24; Part 4 of the MDMH Agency Compilation is the DMH Addictions Therapist Standards & Requirements manual; this manual promulgates standards and requirements for individuals seeking certification in the DMH Addictions Therapist credentialing program. This submitted revision includes document layout and formatting changes only; the document's content is not affected by this revision.

Specific legal authority authorizing the promulgation of rule: Section 41-4-7 of the Mississippi Code, 1972, Annotated

List all rules repealed, amended, or suspended by the proposed rule: Agency Compilation Submission; Not Applicable

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Kris Jones, Bureau Director

Signature of person authorized to file rules: *Kris Jones*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by
	Accepted for filing by <u>CB18384E</u> <u>Compilation</u>	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.